

2398

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	APACHE	BUREAU OF VITAL STATISTICS	State Index No. 10
District	SAINT JOHNS, ARIZONA	ORIGINAL CERTIFICATE OF DEATH	County Registered No. 21
Town			Local Registrar's No. 5
Or City			
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)		St.	
FULL NAME <i>Theresa Gibbons Kithalm</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <i>F</i>	Color or Race White Indian Black Chinese Mexican	DATE OF DEATH <i>March 16, 1916</i>	
DATE OF BIRTH <i>April 3, 1878</i>	SINGLE MARRIED WIDOWED or DIVORCED	(Month) (Day) (Year)	
AGE <i>37 yrs. 11 mos. 13 days</i>	If less than 1 day	I hereby certify, that I attended deceased from <i>Mar 13</i>	
OCCUPATION (a) Trade, profession or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed or (employer)		on <i>Mar 16</i> 1916; that I last saw her alive on <i>Mar 16</i> 1916 and that death occurred on the date stated above at <i>11:30 P.M.</i> The DISEASE or INJURY causing Death was as follows: <i>possibly pulmonary embolism - died 8 hours after confinement from suffocation</i>	
BIRTHPLACE (State or country) <i>Utah</i>		(Duration) yrs. mos. days <i>8 hours</i>	
NAME OF FATHER <i>A. V. Gibbons</i>		Was disease contracted in Arizona? <i>yes</i>	
BIRTHPLACE OF FATHER (State or country) <i>Iowa</i>		If not, where? <i>Child birth</i>	
MAIDEN NAME OF MOTHER <i>Elizabeth Harris</i>		CONTRIBUTORY (Duration) yrs. mos. days	
BIRTHPLACE OF MOTHER (State or country) <i>Utah</i>		(Signed) <i>J. J. Bouldin</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		4-7-1916 (Address) <i>St. Johns</i>	
(Informant) <i>A. V. Gibbons</i>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
(Address) <i>SAINT JOHNS, ARIZONA</i>		LENGTH OF RESIDENCE	
PLACE OF BURIAL OR REMOVAL <i>SAINT JOHNS, ARIZONA</i>	DATE OF BURIAL OR REMOVAL <i>Mar 19 1916</i>	At place of death yrs. mos. ds. In Arizona <i>3 yrs. 11 mos. 13 ds.</i>	
UNDERTAKER <i>H. Overton</i>	ADDRESS <i>SAINT JOHNS, ARIZONA</i>	Former or Usual Residence <i>Utah</i>	
		Filed <i>3/26 1916</i> <i>Martin Eusew</i> Local Registrar	
		Filed <i>4/15 1916</i> <i>J. J. Bouldin</i> County Registrar	